

Name: _____ D.O.B. _____ I.D. _____ Date: _____

Welcome to Connective Chiropractic, Dr Bill Logan and Dr Brandon Doyle.

Please take the time to complete all three of our initial consultation information forms.

INFANT HEALTH HISTORY (Age 0 – 2 years)

Infant's first name _____ Surname _____ D.O.B. _____

Primary Carer (Mum/Dad/Grandparent/Carer) _____

Address _____ Suburb _____ Postcode _____

Home/Work Phone _____ Mobile _____

Email _____ (Required for statements/communications)

Secondary Carer (Mum/Dad/Grandparent/Carer) _____

Address _____ Suburb _____ Postcode _____

Home/Work Phone _____ Mobile _____

Email _____ (Required for statements/communications)

Do you have a Private Health Fund with Chiropractic Cover? Yes No If Yes, Name _____

Who may we thank for referring you to our office? _____

Infant's GP _____ Address _____

Has your infant been to a chiropractor before? Yes No If Yes, who? _____

Names and ages of siblings _____

(cont/d) _____

List any prescribed medications/drugs your infant is currently taking _____

(cont/d) _____

Are you consulting our office for an Infant Spinal check Specific health/spine concern?

Please describe your main area(s) of concern below:

1. _____ Age it started? _____

2. _____ Age it started? _____

Does your infant have or experience any of the following conditions?

Heart condition Skin problems

Difficulty breathing Poor Digestion

Delayed development Colic

Irregular bowel movement Poor circulation

Primary Carer Signature _____ **Date** _____

Name: _____ D.O.B. _____ I.D. _____ Date: _____

HEALTH HISTORY

Were there any pre-natal complications?

Was the infant born full term? Yes No If no, number of weeks premature

How long was the labour? How was the infant delivered? Vaginal C-Section Forceps Ventouse

Infant's APGAR score Birth Weight

Breastfed? Yes No If yes, for how long? months If no, name of formula

Is the infant's weight gain and height gain - Average Below average Above average

Has your infant been vaccinated? Yes No If yes, please list:

1. Age 3. Age

2. Age 4. Age

Has your infant ever been hospitalised (other than birth)? Yes No

If yes, why?

Does your infant have any neck stiffness, fever or headaches? Yes No

Have you noticed any changes in your infant's alertness (e.g. drowsiness, loss of consciousness)? Yes No

Have you noticed any muscle weakness (floppiness) with your infant? Yes No

Does your infant crawl? Yes No Age started

Does your infant walk? Yes No Age started

Would you say your infant's feeding/eating habits are: Normal Fussy Difficult Excessive

Would you say your infant's sleeping habits are: Normal Sporadic Heavy

Does your infant have any known allergies?

Please list any childhood illnesses of the parents

Please list any known family history that may be relevant

Who is responsible for payment of the account?

"Everything I have stated above is to the best of my knowledge accurate and true"

Infant's Name _____

Primary Carer Name _____

Primary Carer Signature _____ Date _____

INFORMED CONSENT FOR CHIROPRACTIC CARE

Scope of Care: Chiropractic care is focussed on finding and correcting spinal problems that alter the normal spinal shape and movement. Spinal problems may affect the healthy function of the nerves and spinal cord and be detrimental to health. Chiropractors correct spinal problems using forces applied generally by hand or special drop piece tables. These forces made are called adjustments. Chiropractors may use various exercises, traction devices, shoe lifts or specifically prescribed orthotic devices to help the spinal corrections.

Medication: Many patients experience great health improvements beyond spinal improvement and it is common for patients to report changes in medical health conditions,. However, changes in medications or management of medical conditions need to be done by your General Practitioner or specialist. Chiropractors cannot advise you as to your medical needs.

Alternatives to Chiropractic Care: If a patient does not want to improve spinal alignment or function then the alternative is pain relief care with other health professionals or care designed to stabilise the spine such as core exercise.

Risks of Not Undergoing care: Spinal problems may get worse if untreated and may lead to progressive damage of the spinal discs, the spinal nerves, the spinal cord and affect general health.

RISKS TO PATIENTS: All types of care and examinations have associated risks and it is important that a patient accepts these before undergoing examination and any care including adjustments, exercise and/or traction. Adjustments require forces to move spinal bones and as such put stresses on blood vessels, bones, discs, nerves and soft tissues. The below are some of the more serious and more common risks, but it is not an exhaustive list.

- A) **RARE BUT SERIOUS RISKS:** Damage to blood vessels, bones, discs or spinal cord may lead to death, stroke, paralysis or permanent injury.
- B) **MORE COMMON BUT LESS SERIOUS RISKS:** Sprains, strains, rib fractures, bruising inflammation and soreness.

Consent for X-Rays: X-rays are taken when indicated to assess spinal biomechanics and the integrity of osseous and soft tissue structures.

If you have further questions regarding risks of examination or care then please ask the Chiropractor before signing below. Your examination results and recommendations for any care and alternatives to care will be thoroughly discussed in private with the Chiropractor and the assistant.

In signing below you acknowledge that you have been given opportunity to ask further questions about the spinal examination and spinal x-rays.

I, the undersigned, consent to examination, any necessary x-rays and any agreed care for my infant.

INFANT'S NAME _____

PRIMARY CARER'S NAME _____

SIGNATURE _____ DATE _____

CHIROPRACTOR'S SIGNATURE _____